

Notification of Medical Condition

Student _____ Grade _____

Diagnosis _____

Medication/ medical intervention required at school? Yes / No (circle one)

If yes, please provide details below of medication/ medical intervention required while student is at school.

If your student requires medication or a medical intervention during the course of their school day, it is important for you to meet with the school nurse, the building administrator, and other staff as deemed necessary, to establish a medical protocol for your student at the beginning of each school year. This meeting will insure that your student's needs are met in an appropriate manner during the course of their school day.

When is the best time for you to meet with school staff to discuss your student's condition?

Before school _____ *After school* _____ *Other* _____

Parent's Contact Information:

(1) Phone _____ e-mail _____

(2) Phone _____ e-mail _____

Parent Signature

Date

***** If you have any questions about your student's condition please feel free to contact the school nurse at 586-4947 ext: 4303 or by e-mail at nbachman@ms.k12.il.us**